Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

ENTERH) Date:

Permit #:

17-00081

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp (Received) [TI] 2 

Amount Paid:

Ø.

SEP 06 2017

INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANTE AYTICIDED.	o applican Bayfield Co. Zoning Dept	Refund:	
TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	INITARY   PRIVY   CONDITIONAL US	E □ SPECIAL USE □ B.I	O.A. X OTHER Zew
Owner's Name: Bobbic JOE Hurser/SCHIE Harper Mailing Address:	, , , ,	/Zip:	Teléphone:
T 6/2010	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3

Contractor   Con	City/State/Zip:  LURS   Contractor Phone:   Plumbe    Agent Phone:   Agent N  Agent Phone:   Agent N  Agent Phone:   Plumbe    Agent Phone:   Agent N  Agent	}	×					☐ Municipal Use ☐ ☐			Commercial Use				Residential Use			Proposed Use V	Proposed Construction:	Existing Structure: (if permit bei	X KEND DOWN OF	Property	☐ Run a Business on	□ Relocate (ex	\$ Addition/Alteration		Value at Time of Completion Project * include donated time & material	□ Non-Shoreland	o come		Section 🗐 , Township	NE 1/4, SE 1/4	PROJECT LOCATION Legal Description:	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	45 Church
City/State/Zip:  Contractor Phone:  Agent Phone:  Agent Mailin  Tax ID# (4-5 digits)  CSM  Town of:  Town of:  From of:  CSM  Town of:  From of:	Contractor Phone:   Plumber:   Contractor Phone:   Agent Mailing Address (include City/State/Zip):   Tax ID# (4-5 digits)   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Vol & Page   Lot Size   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision   CSM   Sub	FAILURE TO OBTAIN A PERMIT	11	Conditional Use: (explain	Special Use: (explain)	Accessory Bullaing Add	Accessory Building (sp	12	Mobile Home (manufactu	Bunkhouse w/ (☐ sanitar	with Attach	with (2 <sup>nd</sup> ) D	with a Deck	with (2 <sup>nd</sup> ) Po	with a Porcl	with Loft	Residence (i.e. cabin, h.	7		sing applied for is relevant to it	l Ľ			isting bldg)	Iteration				ty/Land within 1000 feet of La	ty/Land within 300 feet of Riv ndward side of Floodplain?	119 N, Range		(Use Tax Statemen	olication on behalf of Owner(s))		Corner
	Recorded D. Document # Structure is from Shoreline: Structure is from Shoreline: Structure is from Shoreline: Structure is from Shoreline: Great Structure is from Shoreline: Feet Structure is from Shoreline: Great Structure is from Shoreline: Feet Structure is from Shoreline: Great Structure is from Shoreline: Feet Structure is from Shoreline: Great Structure is from Shoreline: Feet Structure is from Shoreline: Great Structure is from Shoreline: Feet Structure is from Shoreline: Great Gr	MACHINIA TO CONTRACT OF THE CO	Mary Sound			rion/Aireration (specify)	ecify)	pecify)	red date)	19r 🗆		eck		orch	· · · · · · · · · · · · · · · · · · ·	ווייוום שומבה, בנבין	t structure on property)	Proposed Structure	Length:		The second secon	on			X Year Round	☐ Seasonal ☐	Use		<b>+</b>	-	Town of:	CSM Vol & Page	3093		one:	P(K)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

Authorized Agent:

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Foregres Westling

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Setback fr Setback fr Setback fr Setback fr Setback tr Setback tr	
Please complete (1  (8) Setb Setback from the Cent Setback from the Estal Setback from the Estal Setback from the Estal Setback from the Sout Setback from the Sout Setback from the Sout Setback to Privy (Portiv) Prior to the placement or const Prior to the placement or const one previously surveyed come marked by a licensed surveyor (9) Stal Is Parcel a Sub-Sta Is Parcel a Sub-Sta Is Parcel in Common (9) Is Structure Non-Co Granted by Variance (B Is Yes No  Was Proposed Buildili Inspection Record: Was Proposed Buildili Inspection Record:  ### Parcel #### Parcel ### Parcel #### Parcel ##### Parcel ##### Parcel ####################################	(1) (2) (3) (4) (6) (7)
Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest bethack from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the Established Right-of-Way Setback from the South Lot Line Setback from the West Lot Line Setback from the Portion to the other previously surveyed corner or marked by a licensed surveyor at the own other previously surveyed corner or marked by a licensed surveyor at the own other previously surveyed corner or marked by a licensed surveyor at the own other previously surveyed corner, or vermarked by a licensed surveyor at the own other previously surveyed corner, or vermarked by a licensed surveyor at the own other previously surveyed corner, or vermarked by a licensed surveyor at the own of the placement or construction of structure more than ten (10) feet of the placement or construction of structure more than ten (20) feet of the placement or construction of structure more than ten (20) feet of the placement or construction of structure more than ten (20) feet on the placement or construction of structure more than ten (20) feet on previously surveyed corner, or vermarked by a licensed surveyor at the own one & T.  In the local Too Septic Table Country Use Only)  Permit #: \	000000000000000000000000000000000000000
Setbacks: (measured to the closest point)  Setbacks: (measured to the closest point)  Setbacks: (measured to the closest point)  Settablished Right-of-Way  North Lot Line  South Lot Line  Measure  The location(s) of New One & Two Far The local Town, Vill  South Conneriship  Wes (Fused/Contiguous Lot(s)  South Lot Line  South Lot Lin	Show Location of: Show / Indicate: Show Location of (*): Show Location of (*): Show Location of (*): Show was and (*): Show: Show: Show: Show: Show any (*):
platted Road ight-of-Way ight-of-Way ight-of-Way ight-of-Way ing Tank ing T	[ <del>2</del> ] 2
(1) – (7) above (prior to continuing)  tbacks: (measured to the closest point terrifine of Platted Road  nterline of Platted Road  ablished Right-of-Way  Th Lot Line  st Lot Line  st Lot Line  st Lot Line  frable, Composting)  Trable, Composting	n of:  Proposed ( te:  North (N) c  Nof (*):  Nof (*):  Nof (*):  Noth (N) c
e complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  Description  Description  Measurement  Measurement  Measurement  From the Centerline of Platted Road  from the South Lot Line  From the South Lot Line  From the South Lot Line  Trom the East Lot Line  To Septic Tank or Holding Tank  to Septic Tank  to Privy (Portable, Composting)  placement or contraction of a structure worthin ten (10) feet of the minimum required place to the minimum required upon surveyed corner or worlfable by the Depart of New One & Two Family Dwe  The local Town, Village, City  Reason for De  Wes (Deed of Record)  Reason for De  Permit Date:  The local Town, Village, City  The Local Town, V	Property (regardless of what your Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Dram (*) Lake; (*) River; (*) Stream/Creek; or (*) (*) Wetlands; or (*) Slopes over 20%  **CAN & All Existing Structures of Wetlands; or (*) Slopes over 20%
Measurement  Measurement  Measurement   95   Fee    97   Fee   Fee    97   Fee    97   Fee	of what y an ) Frontage es on you tic Tank ( *) Stream Slopes ou
Feet Setback fr Feet Feet Setback fr Feet Setback fr Feet Setback fr Feet Setback fr Feet Feet Setback fr Feet	Road (N. Fropers, ST); (*) D. Creek; o her 20%
Changes i  Setback from the Lake Setback from the Bank Setback from the Bank Setback from the Bank Setback from the Bank Setback from Wetland 20% Slope Area on prelievation of Floodplair Elevation of Floodplair Setback to Well Setback to Well Setback are Required setback the transparation attached litigation Attached Were Property Lines Rewinds Williams And Additional Regions of the Set No  Were Property Lines Rewinds Williams And Additional Regions Rewinds West Model  West Model  Changes  De  Changes  De  De  De  De  De  De  De  De  De	
Description  Description  Description  Lake (ordinary high River, Stream, Cree Bank or Bluff  In property plain  In field (DF), Holdin in field (DF), Holdin ired To Enforce The also require permits.  # of bedrooms: # of bedrooms: # of bedrooms: # of bedrooms: # of was Property Survey Variance (B.O.A.)  Was Property Survey	
Changes in plans must be approved the continuous plans in plans must be approved the continuous plans. The continuous plans in plans must be approved the continuous plans from the Lake (ordinary high-water more betback from the River, Stream, Creek setback from the Bank or Bluff setback from the Bank or Bluff setback from Wetland 20% Slope Area on property.  Setback from Wetland setback to Well setback to Enforce within 500 feet of the setback to Well setback to Enforce The Uniform Plant (IT). Drain field (DF), Holding Tank (IT). Date of Issuance if Construction or Use has not not not plant from the Enforce The Uniform Plant agencies may also require permits.  The continuous permits and setback to Well setbac	
water mark)  water mark)  water mark)  k  Tank (HT) Pr  has not begun  Uniform Dwell  Affidavit  Affidavit  Affidavit  Affidavit  Affidavit  Yes  water mark)  Lakes  Affidavit	
roved by the Planning & Zoning Dept.    Measurement   Measurement	Se S
ark)  Measurement  Feet	
W).    Comparison the second s	

Description	Measuremen	t	Description	Meas	urement
Setback from the <b>Centerline of Platted Road</b>	127	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	5. F. SP	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	40	143 Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line		Feet			
Setback from the <b>South</b> Lot Line	119	Feet	Setback from <b>Wetland</b>		Feet
Setback from the West Lot Line		Feet	20% Slope Area on property	Yes	☐ No
Setback from the East Lot Line		Feet	Elevation of <b>Floodplain</b>		Feet
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	15	Feet	.Setback to Well		Feet
Setback to <b>Drain Field</b>		Feet			
Setback to Privy (Portable, Composting)		Feet	boundary line from which the setback must be measured must be visible from on		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

### (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (Cour	nty Use Only)	Sanitary Numb	er:		# of bedro	ooms:	Sani	tary Date:		
Permit Denied (Date):		Reason for Der	nial:							
Permit #:		Permit Date:								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record ☐ Yes (Fused/Contigu		□ No □ No □ No	Mitigation Required Mitigation Attached	<b>I</b>	_ No	I	vit Required vit Attached	☐ Yes ☐ Yes	□ No □ No
Granted by Variance (B.O.A.)	ase #:			Previously Granted b  ☐ Yes ☐ No	y Variance	(B.O.A.)	Case #:			

May Also Be Required
TEMPORARY

LAND USE - X
SANITARY - 389479
SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.		17-0	800	T	,	Issue	d To: So	ott &	Bobbie Jo	Harp	er & \	الا	k Lo	rrain	e Westling						
Par in Location	n:	NE	1/4	of	SE	1/4	Section	21	Township	49	N.	Range	5	W.	Town of	Washburn					
Gov't Lo	ot			L	_ot		Blo	ock	Su	ıbdivisi	on				CSM#						
		s):	Buil	ldin	g mu	st be	remove	d by §	ing existing	19, 20	<u>)18</u> u	nless gr	ante	ed an	extensio	n. Existing					
NOTE: This permit expires one year from date of issuance if the authorized construction										iia attao	Jennifer Murphy										
work or land use has not begun.										•	Authorized Issuing Official										
Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.												September 21, 2017									
to have been misrepresented, erroneous, or incomplete.  This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.											This permit may be void or revoked if any performance conditions are not										

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Œ Permit #: Date: Refund: Amount Paid:

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp (Rece Bayfield Co. Zoning Dept Carried) AUG 162017 Im 1.0 Lary ₹1% 170385 8-17-5

Stance St	Mit Langu USE     SAMPTARY     PRIVY     CONDITIONAL USE	Mid To V Sc 27 F Eth Manifest   CONDITIONAL USE   SPECIAL USE   SPECIA		I (we) declare that this applicat am (are) responsible for the de may be a result of <b>Bayfield Co</b> above described property at an				☐ Municipal Use			Commercial Use							Proposed Use	Proposed Construction:			□ Rı	,	\$223,322	; 	Value at Time of Completion * include donated time & material	☐ Non-Shoreland	,	文 X Shoreland 文	Section 3	NE 1000 1/4, SE	PROJECT LOCATION	Authorized Agent: (Person S	1185	78345 Church	Owner's Name: Bobble JELE Wagne R. Westing LE Lorraine E. Westing Address of Property:	TYPE OF PERMIT REQUESTED→
CONDITIONAN	Landbuse   Santrary   Privv   CONDITIONAL USE   SPECIFY   Search   State Zibe   Control Address   Constant Zibe   Control Address   Cont	Control USE   Section	Deed (i.e. #  Deed (i.e. #  The of:	FAILL ion (including any acccital) and accuracy of al unty relying on this in			 	+	+		-						1-1	×	n: Manufact		operty	un a Business o	elocate (existing b	onversion	ew Constructio	Project		s Property/Land	s Property/Land eek or Landward	, Township $\frac{\mathring{\sqrt{c}}}{c}$	1/4	Legal Description:	signing Application of	Constantion Si	Cor		
RY   PRIVY   CONDITIONA  Illing Address:   City  O & 6 5   C S A H, 1   L   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1   L    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5   C S A H, 1    O & 6 5    O & 7 6    O & 7 7 6    O & 7 7 7	CONDITIONAL USE   SPECI   SP	CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision:   Feet   F	Deed (i.e. # # 20/1 # 20/1 # 20/1 # # 20/1 # # 20/1 # 20/1 # # 20/1 #	IRE TO OBTAIN A PERMIT or ST. mpanying information) has been ex linformation I (we) am (are) providing formation I (we) am (are) providing	r: (explain)	ial Use: (explain)	ssory Building Addition,	secry Building (specify	ile Home (manufactured o	thouse w/ (☐ sanitary, or	with Attached G	with (2 <sup>na</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	dence (i.e. cabin, huntin	zipal Structure (first stru		Ham e		ı	-		□ 1-Story +	X 1-Story	# of Stories and/or basement		within 1000 feet of Lake, P	within 300 feet of River, St side of Floodplain?	N, Range 5	Lot(s)	<b></b>	behalt of Owner(s))	PSGS CONGIPALLY	Road	E Have	SA
GONDITIONA CONDITIONA City  1	CONDITIONAL USE SPECI SPECI City/State/Zip:  City/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lity/State/Zip:  Lot(s) No. Block(s)	CONDITIONAL USE   SPECIAL USE       City/State/Zip:	Deed (i.e. # 15 Pro) Is Pro) Floodplit  Try System Try	ARTING CONSTRUCTION Warnined by me (us) and to the barnined by me (us) and to the barnined that it will be relied upon or with this application. I (v	***************************************		/Alteration (specify)		date)	sleeping quarters, g	arage		1 1	Access		g shack, etc.)	ucture on property)	Proposed Structur		5.								ı	ream (incl. Intermittent)  f yescontinue —	Wash b	<u> </u>			T	76	10	□ PRIVY
	State/Zip:    State/Zip:   Chf?eld/M   Sanitary (Exi   San	State/Zip:    Chritical MM   55359   Chritical MM   6531   Ch	Deed (i.e. # 20/14   Is Property? on:    Cify Type: h	ITHOUT A PERMI  Dest of my (our) known by Bayfield Coun  We) consent to coun										\( \sigma_1 \)				O		,			- 1			# of bedrooms		Distance Stru	Distance Stru	w n	Lot(s) No		gent Mailing Ad	Crey 5	154	-	CONDITIONA

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit

ne Deed All Owners must sign

must sign or letter(s) of authorization

any this application)

Date

;<del>pə</del>

### (8) Setbacks: (measured to the closest point)

SS

Description	Measurement	Description	Measuremen	<b>a</b>
Setback from the Centerline of Platted Road	127 Feet	Setback from the Lake (ordinary high-water mark)	0 1	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	241 01	Feet
White design and the second se		Setback from the Bank or Bluff	, ,	Feet
Setback from the North Lot Line	3/1 Feet			
Setback from the <b>South</b> Lot Line	11 <b>9</b> Feet	Setback from Wetland		Feet
Setback from the West Lot Line	105 6 Feet	20% Slope Area on property	☐ Yes [	No O
Setback from the East Lot Line	137 Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	/5 Feet	Setback to Well		Feet
Setback to <b>Drain Field</b>	Feet			
Setback to Privy (Portable, Composting)	Feet			

2020 

e previously -to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from reviously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be ed by a licensed surveyor at the owner's expense.

# (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date: 🧳 🛒 🚬
Permit Denied (Date):	Reason for Denial:	LOGOR YOUNG	
Permit #: 17-0385	Permit Date: 9-21-17	4000	or organization
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   Deed of Record	No o o	Mitigation Required Ses No A:	Affidavit Required
Granted by Variance (B.O.A.)	Previously Gr	Previously Granted by Variance (B.O.A.)  O Yes O No Case #:	
Was Parcel Legally Created Ayes ONo Was Proposed Building Site Delineated Ayes ONo		Were Property Lines Represented by Owner Was Property Surveyed	O'Yes ONO DINO
Inspection Record:			Zoning District ( 12 - ) Lakes Classification ( 3 - Q)
Date of Inspection:	Inspected by:	THORNE THE	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? TYes No- (If No they need to be attached.)	Attached? □ Yes □ No - (If No the	ey need to be attached.)	STA + CARE
so temporary per	8	the permit	UDC permi
Signature of inspector:	01886 101	The state of the s	Date of Approval:
Hold For Sanitary. Hold For TBA:	Hold For Affidavit:	Hold For Fees:	mandatura (minimum mandatura (mi

City, Village, State or Federal Mits May Also Be Required

SAND USE - X
SANITARY - 17-111S
SIGN SPECIAL - Class A
CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0385	5		Issue	d To: <b>Sc</b>	ott &	Bobbie Jo	Harp	er & '	Wayne :	and	l orro	ine Masu			
Par ir Locat		1/4	of	SE	1/4	Section	21	Township	49	N.	Range		W.	Town of	ing Washburn		
Gov't L	_ot		L	.ot		Blo	ck	Su	bdivisio	n				CSM#			
(DISCIA	tion(s): E	y futui <b>Xist</b>	re exp  ing	pansion hous	s or d e an	evelopment d buildin	would	B' x 56') = 1, otal Overall require addition wer shall b inspection	nal perm	nitting		8			0' x 10') ary permit and		
NOTE:	This permit	expire	es one	e year f	rom da	ate of issuand	ce if the	e authorized con	struction	า			Jer	nnifer Mur	phy		
	Changes in	plans may l	or sp	ecificat d or rev	iii. ions sl oked i	hall not be m	ade wit	thout obtaining a				A	uthoriz	ed Issuing (	Official		
	TO THAT DOC	(IIIII)	1 GDI GS	sentea	errone	Olle or inco	malata	onditions are no			September 21, 2017						
	completed of	or if an	ny prol	hibitory	condit	ions are viol	ated.							Date			